



**THE COMMONWEALTH OF MASSACHUSETTS  
DEPARTMENT OF INDUSTRIAL ACCIDENTS**

**600 WASHINGTON STREET, 7TH FLOOR  
BOSTON, MA 02111**

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Governor

Kerry Healey  
Lieutenant Governor

Jane C. Edmonds  
Director, Workforce Development

Angelo R. Buonopane  
Commissioner

**MEMORANDUM**

**TO:** All Massachusetts Certified Utilization Review Agents  
**FROM:** Sandra Brown RN, BS  
**DATE:** February 27, 2003  
**RE:** Request for Updated Utilization Review Site Information

We are requesting the following information be provided as an amendment to your application on/or before April 11, 2003. Please provide a detailed description of the structure of your utilization review organization that includes, but is not limited to:

1. Site Classification:

**A. Single-Site Organization:**

Is defined by this Department as a utilization review organization that directly manages its UR functions as described in your application from one site address (corporate/central office).

**B. Multi-Site Utilization Review Organization:**

Is defined by this Department as a utilization review organization that has more than one and up to twelve (12) separate addresses at which utilization review, as described in the regulation 452 CMR 6.0 is performed. Each of these UR sites must perform as separate units to service injured employees and must also ensure that utilization review functions are performed under the same set of corporate standards and/or policies and procedures for all addresses.

**C. Mega-Site Utilization Review Organization:**

Is defined by this Department as a utilization review organization that has greater than twelve (12) separate addresses at which utilization review is performed. These sites must perform as separate units to service injured workers and must also ensure that utilization review functions are performed in compliance with 452 CMR 6.0, as well as the same set of corporate and operational standards and policies included in the application on file with the Department at all sites.

2. If your utilization review program falls under the category of a multi-or mega-site, it is expected that all responses to this memorandum and information included in your application apply to both your corporate office and all sites listed. If any site(s) deviate from the description given, you must identify those sites and indicate how and why they differ.
3. If your utilization review program provides other functions at these sites such as medical case management, or other non UR services, you must also provide a detailed description of these services and identify those sites which perform these services.
4. If your utilization review program falls within the category of multi-or mega-site as defined above you must provide the following information:
  - A list of the corporate/central office and all regional sites within the program that conduct utilization review activities and the toll-free numbers for each site, and the Massachusetts's contact person for each site, and the contact person's telephone number.
  - A corporate addendum must be included signed by a corporate officer for the utilization review program endorsing each sites compliance with 452 CMR 6.0 as well as endorsement of a uniform utilization review program among all multiple sites.